

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 15-5265		OH-2 OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE		LOCAL FILE NO.	
REPORT TAKEN AT STATION		NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE)		COMBINED VEH/PROP LOSS		OVER \$150		HIT SKIP	
AT SCENE				FATAL INJURY		PROPERTY DAMAGE ONLY		UNDER \$150		UNSOLVED	
IN COUNTY OF WARREN				IN CITY LEBANON				DATE OF CRASH: 4/11/05 SAT		TIME: 1319	
CRASH OCCURRED ON 1248 Columbus Ave. (Parking Lot)				WITHIN THE INTERSECTION OF							
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO)				CITY CODE 8303			
MILES 200 FEET W N E OF Miller Rd											
LOG-1		LOG-2		LOC JUR FH9 FILT							
A UNIT NO. 1		NO OF OCCUPANTS 1		OPERATING		PARKED		DRIVERLESS		HIT & RUN NON CONTACT	
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Shaw, Mavis, S				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 65 Turner Dr., Lebanon, OH 45036				INSURANCE CO OR AGENT Allstate			
PHONE NO. 770-722-6014		BIRTH DATE 3/25/62		AGE 53		SEX F		SOCIAL SECURITY NO.		STATE Geo.	
OWNER (IF SAME AS DRIVER, WRITE SAME) James Shaw				ADDRESS 65 Turner Dr., Lebanon				PHONE			
VEH YR 06		MAKE GMC		MODEL TK		COLOR Tan		STYLE TK		STATE OH	
LICENSE PLATE NO. ENINE		TOWING SERVICE		VEH/PED DIR FROM W TO E							
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE	
				<input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		<input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
8 UNIT NO. 2		NO OF OCCUPANTS		OPERATING		PARKED		DRIVERLESS HIT & RUN NON-CONTACT		INSURANCE CO OR AGENT American Family Ins.	
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Roy Steven Deaton				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 16 Lawndale Ave., Lebanon, OH, 45036				PHONE 513-850-5315			
PHONE NO.		BIRTH DATE		AGE		SEX		SOCIAL SECURITY NO.		STATE	
OWNER (IF SAME AS DRIVER, WRITE SAME) Roy Steven Deaton				ADDRESS 16 Lawndale Ave., Lebanon, OH, 45036				PHONE 513-850-5315			
VEH YR 2001		MAKE HYUN		MODEL 25		COLOR Red		STYLE 28		STATE OH	
LICENSE PLATE NO. 269849C		TOWING SERVICE		VEH/PED DIR FROM S TO W							
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE	
				<input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		<input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
C FROM UNIT NO.		NAME (LAST, FIRST, MI) Gullett, Steven, J		BIRTH DATE 10/31/85		AGE 29		POSITION A/B/C/D/E/F		INJURIES A/B/C/D/E/F	
ADDRESS 4008 Pennyroyal rd. Franklin				PHONE 937-681-3592		SEX M					
D FROM UNIT NO.		NAME (LAST, FIRST, MI) Crawford, Thomas, J		BIRTH DATE 8/10/79		AGE 35		POSITION		INJURIES	
ADDRESS 110 Highland Ave, Lebanon				PHONE 228-0737		SEX M					
E FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		POSITION		INJURIES	
ADDRESS				PHONE		SEX					
F FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		POSITION		INJURIES	
ADDRESS				PHONE		SEX					
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